

D. Do you usually cough at all during the rest of the day or at night?

1. Yes ____ 2. No ____

IF YES TO ANY OF ABOVE (31A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO NEXT PAGE

E. Do you usually cough like this on most days for 3 consecutive months or more during the year?

1. Yes ____ 2. No ____
3. Does not apply ____

F. For how many years have you had the cough?

Number of years ____
Does not apply ____

32A. Do you usually bring up phlegm from your chest?
Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.)
(If no, skip to 32C)

1. Yes ____ 2. No ____

B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?

1. Yes ____ 2. No ____

C. Do you usually bring up phlegm at all on getting up or first thing in the morning?

1. Yes ____ 2. No ____

D. Do you usually bring up phlegm at all on during the rest of the day or at night?

1. Yes ____ 2. No ____

IF YES TO ANY OF THE ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING:

IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 33A

E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?

1. Yes ____ 2. No ____
3. Does not apply ____

F. For how many years have you had trouble with phlegm?

Number of years ____
Does not apply ____